

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092285

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: BEATRIZ RODRIGUEZ, P.A.

## Current Principal Place of Business:

3400 S.W. 27 AVENUE  
UNIT 805  
MIAMI, FL 33133

## New Principal Place of Business:

3400 S.W. 27 AVENUE  
UNIT 805  
MIAMI, FL 33133 US

## Current Mailing Address:

3400 S.W. 27 AVENUE  
UNIT 805  
MIAMI, FL 33133

## New Mailing Address:

3400 S.W. 27 AVENUE  
UNIT 805  
MIAMI, FL 33133 US

FEI Number: 20-3085286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, BEATRIZ  
3400 S.W. 27 AVENUE  
UNIT 805  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODRIGUEZ, BEATRIZ  
Address: 3400 S.W. 27 AVENUE UNIT 805  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RODRIGUEZ, BEATRIZ  
Address: 3400 S.W. 27 AVENUE UNIT 805  
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ RODRIGUEZ

P

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date